

Home and Well Survey

Resident's Name: Ex. 6 - Personal Privacy
Home Phone: Ex. 6 - Personal Privacy Cell Phone: _____
Address: Personal Privacy
Email address: Ex. 6 - Personal Privacy
Owner Information (If Different): _____

Number of Household Residents/Age Groups:

Infants (Under Age 1) _____ Toddlers (Age 1-6) _____
Children (Age 7-12) _____ Adolescents (Age 13-18) Ex. 6 - Personal Privacy
Adults (Age 18-65) Ex. 6 - Personal Privacy Seniors (Age 66+) _____

Do you have a water treatment system? If so, please identify the components of the system (if any): Yes

Methane Sep. Carbon Filter, ozonator, Sediment Filter, etc.

Well Information:

Type: Dug ☐ Drilled ☒ Well Depth: 300' Well Age: Approx 40 years
Driller log of the well installation (these are the detailed notes that the driller takes during the installation): well pump 1 year

Name of Driller/Service Company (If Known): _____

Total depth of well: 300'

Depth of surface casing: 30' Cement on Surface casing: Yes ☐ No ☐

Length/Depth of Screen (the screened interval of the well): _____

Depth of pump in relation to total depth of the well: 30' From bottom

Well Repairs or Re-drilling in past 15 years: New pump 1 year ago / well was scrubbed

Have you had your well water tested for contamination in the past? Yes

If so, and you would be willing to share your results with the EPA, what contaminants have been found in your well historically? Iron, methane, Alum.

PADED: E. CABOT SHOULD HAVE ALL DATA.

MAVE'S OKAY WITH EPA GETTING THIS DATA.

* QUATUM SAMPLING WEEKLY.

* CABOT SERVICING SYSTEM ON REGULAR BASIS KEPT IN TREATMENT SHED.

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Recent or past changes in water quality (taste, odor, appearance): _____

No changes since 2010 odor noticed & carbon filter installed

Do you currently use your well water for drinking? Yes ☐ No ☒

Cooking? Yes ☐ No ☐ Sometimes Bathing? Yes ☒ No ☐

Other household uses? Yes & Horses

If you do not use your well water, what water source do you use? _____

Have you been provided an alternate source of water for drinking/cooking? Yes ☐ No ☐

Other uses? Yes ☐ No ☐ When did this occur? _____

If so, who provides/provided the alternate water? _____

Is there an agreement with the provider? _____

What event/condition prompted the use of alternate water? _____

When did this occur? _____

Lease with gas company: Yes ☒ No ☐

If so, what is the status of lease: _____

Is there any additional information you would like to provide to us: _____
